

TRAINING REPORT

1. NAME OF THE TRAINING COURSE

2. DATE

3. TIME

4. PLACE

5. TOPIC

6. OBJECTIVES OF THE TRAINING COURSE

7. CONTENTS OF THE TRAINING COURSE

8. METHOD OF INSTRUCTION

9. EVALUATION OF THE TRAINING COURSE

10. CONCLUSION

11. RECOMMENDATIONS

12. SIGNATURE OF THE TRAINER

13. SIGNATURE OF THE PARTICIPANT

14. DATE OF SIGNATURE

15. PLACE OF SIGNATURE

16. NAME OF THE TRAINER

17. NAME OF THE PARTICIPANT

18. DATE OF SIGNATURE

19. PLACE OF SIGNATURE

20. NAME OF THE TRAINER

21. NAME OF THE PARTICIPANT

22. DATE OF SIGNATURE

23. PLACE OF SIGNATURE

24. NAME OF THE TRAINER

25. NAME OF THE PARTICIPANT

26. DATE OF SIGNATURE

27. PLACE OF SIGNATURE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) H3 Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number OR 03102F		6. Final Report ☐ Yes ☒ No	
7. Basis ☒ Cash ☐ Accrual					
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 10/01/95	
				To: (Month, Day, Year) 12/31/95	
10. Transactions:		I Previously Reported 09/30/95	II This Period	III Cumulative	
a. Total outlays		9,828.00	8241	18069	
b. Recipient share of outlays		359.00	447	806	
c. Federal share of outlays		9,469.00	7794	17263	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				17,263	
h. Total Federal funds authorized for this funding period				69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)				52,438	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$ PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ City Recorder			Telephone (Area code, number and extension) 541 437-2253		
Signature of Authorized Certifying Official 			Date Report Submitted 2-15-96		

Office of Justice Programs

To: Grantees

From: Accounting Division, OC

Subject: Fax Number for Receiving SF 269 Financial Status Reports

Please fill out the information requested by February 28, 1996.
Return the form by mail or fax to the following:

Office of Justice Programs
633 Indiana Avenue, NW
Accounting Division, Room 970
Washington, DC 20531
Attn: Michael Wagner
OR
Fax No. (202) 616-5962

NOTE: IF YOU HAVE ALREADY SUBMITTED THIS FORM IN PRIOR QUARTERLY
REPORTING AND THERE ARE NO CHANGES TO YOUR FAX # AND CONTACT
PERSON, PLEASE DISCARD.

Employer Ident. Elgin City Police Department
OR03102F (9-Digits)

Organization: _____

Person In your organization who should receive SF-269 Reports:

Name: Joe GARLitz

Phone No: (541) 437-2253

Fax No. (541) 432-2253

Pg 1 of 2